

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety and Health
Northern CA Process Safety Management
1450 Enea Circle, Suite 550
Concord, CA 94520
Ph.: (925) 602-2665
Fax.: (925) 602-2668



www.dir.ca.gov
cfritz@dir.ca.gov

DOCUMENT REQUEST

11/08/11

TO: Chevron U.S.A. Inc. dba Chevron Products Company

FROM: Carla Fritz
Cal OSHA Compliance Engineer

SUBJ: Complaint of Unsafe Working Conditions – RLOP Turnaround

Pursuant to my investigation into the above referenced complaint, please provide copies of the following documents for my review and case file by **11/10/11**. Please be advised that I will request additional documents.

- 1) Any & all inspection reports & recommendations generated pursuant to the tube rupture in the HNC F1550 furnace
- 2) Any & all Inspection, Engineering, Maintenance & Operations documented analysis & supporting data justifying decision *not* to open & inspect other RLOP furnaces
- 3) Any & all inspection reports & recommendations generated pursuant to the identification of corrosion in HNC C1500 & ~~downstream equipment~~ *for this 2011 T/A.*
- 4) Any & all Inspection, Engineering, Maintenance & Operations documented analysis & supporting data justifying decision *not* to open & inspect equipment in similar service in the LNC; i.e., C1200 *During this 2011 T/A.*

Thank you in advance for your cooperation in this investigation.


Carla Fritz
(925) 602-5779

Ref: 314328980

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p>		<p>B. Received by (Printed Name) C. Date of Delivery Wendy Host 11/16/11</p>	
<p>Ms. Carla M. Fritz, Associate Safety Engineer Dept. of Industrial Relations Division of Occupational Safety & Health Northern CA Process Safety Management 1450 Enea Circle, Suite 550 Concord, CA 94520-7996</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>7011 1570 0003 2120 6682</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

CA1051A Doc. Request
Inspection #314-328980

• Sender: Please print your name, address, and ZIP+4 in this box •

Chevron Products Company
841 Chevron Way
Richmond, CA 94801
TC8
TDM DPAWA

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



UNITED STATES POSTAL SERVICE